

# Service Area Plan

## Department of Health

### Health Statistics (40401)

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## Service Area Background Information

### Service Area Description

This service area is responsible for the dissemination of health statistics information. This information is processed and made available to VDH, legislators, other government agencies, the National Center for Health Statistics, and the general public. There are six principal categories of statistical data managed by this service area: births, deaths, natural fetal deaths, induced terminations of pregnancy, marriages and divorces. These statistics are presented in the form of annual reports, special reports, electronic data exchange and consultation. This service area is administered by the VDH's Center for Health Statistics.

### Service Area Alignment to Mission

This service area supports the VDH mission of promoting and protecting the health of Virginians by providing one source of health status measurements to gauge the success of the mission.

### Service Area Statutory Authority

Section 22.1-261 mandates the Center provide assistance to the attendance officials of each public school system concerning vital statistics and health statistics data.

Section 32.1-14 mandates the production of an annual statistical report. This service area shall contribute statistics to the report.

Section 32.1-276.1 mandates that the Board of Health provide a Center for Health Statistics to perform data program development, reporting, systems operations, analysis and consultation for the Department of Health, for county and city departments of health and other public agencies having health-related duties. It further mandates the establishment of a director of the Center who shall be supervised by the Commissioner to oversee the daily operations of the Center. The Center is to collect other health-related records and reports and prepare, tabulate, analyze and publish vital statistics and other health statistical data of this Commonwealth and such other reports as may be required by the Commissioner or the Board.

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#### Service Area Customer Base

Customer(s)	Served	Potential
Consumer Product Safety Commission	1	1
Department of Labor and Industry	1	1
Department of MHMRSAS	1	1
Department of Motor Vehicles	1	1
Department of Social Services	1	1
Department of Taxation	1	1
General Assembly	1	1
General Public	47	365
Governor's and Secretary's Offices	1	1
National Center for Health Statistics (NCHS)	1	1
National Death Index	1	1
National Institute for Occupational Safety & Health	1	1
National Safety Council	1	1
News Media	19	38
Nonprofit Organizations	5	20
Other State Agencies	18	36
Other States' Government	36	50
Private Industry	25	250
Researchers	7	100
Social Security Administration (SSA)	1	1
State Board of Elections	1	1
Students	23	230
Universities	16	50
VDH - Central and District	82	150
Virginia Retirement System	1	1

#### **Anticipated Changes In Service Area Customer Base**

The number of Memorandums of Agreement (MOAS) or Understanding (MOUS) between the Center and other VDH offices within VDH, and other Virginia agencies, continues to increase. Currently, agreements exist with VDH programs such as Cancer Registry, HIV/Sexually Transmitted Diseases, Center for Injury and Violence Prevention, Immunization, Office of the Chief Medical Examiner, Virginia Congenital Anomalies Reporting and Educational System, Women and Infants Health, Minority Health and Healthy Virginians 2010. There is vast potential for new agreements outside of VDH. The Center currently has agreements with other state agencies including Taxation, Motor Vehicles, Board of Elections, Social Services and Virginia Retirement System.

There is also potential for more requests from medical researchers. Major treatment facilities like UVA and MCV routinely send patient databases for matching against the health statistics birth or death files. The purpose is to determine survival rates for particular programs and treatment courses or to gauge the success of birth counseling programs. This has potential to be expanded to serve physicians groups or individual doctors.

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#### **Service Area Products and Services**

- Annual Report on Health Statistics:
  - A three volume set of reports is produced detailing demographics and other characteristics of births, deaths, fetal deaths, induced terminations of pregnancy, marriages, and divorces. The product is sold or distributed free to most of the customers listed in the customer base. Statistics produced are of relevance to the customer base and compiled in a way consistent with analysis being done on the National level. Numbers and rates (where population is available) are produced down to the city/county level of detail. Aggregations are also provided at most levels at which central office planning is performed, i.e. planning district, health region, health district, HMO region, perinatal region, medical examiner region, etc. A report specific to vital events occurring to teenagers is one of the three volumes produced. Reports are available in multiple formats: Hard copy, CD ROM and Spreadsheet format.
- Report on the Health of Minorities:
  - An annual report is produced in multiple formats giving detailed race/sex and Hispanic origin data as it relates to health statistics summarized in the Center's annual reports. Numbers and rates (where population is available) are produced mostly at the health district level. If confidentiality of individuals is not threatened, data are reported down to the city/county level of detail.
- Ad Hoc Reporting System:
  - Requests that are not available as a part of the regular reporting systems are produced from the existing databases utilizing tools available to staff. These requests may be for different aggregations, combinations of years or different output formats.
- VCHS Web Site:
  - The Center's web site is located on the wider VDH web. This web site contains modules with the most popular tables from the six statistics systems. It also contains maps and graphics on trends and city/county profiles which are summary pages containing the most popular data items from all six vital events. Data on population are also made available as communicated to the center from the census bureau or NCHS.
- Shared Electronic Files:
  - A semi-monthly client level vital event data set is produced under contractual agreement with NCHS and SSA. The files are edited and formatted according to contract specifications and transmitted twice monthly. All problems found upon editing of the sent files are resolved. Data are exchanged with all other states under a formal interstate agreement to supply vital event information for residents of their state.
- Data Cleansing/Nosology Activities:
  - Selected staff members perform ongoing editing and file maintenance on incoming vital event data insuring the data collected are of high quality and completeness. The nosology team assists in proper completion of the cause of death on death certificates. The staff processes the information to send to NCHS, which decides the underlying causes of death. Nosology also works closely with the Medical Examiner's Offices which supply causes of death to complete pending deaths and certificates with incomplete information. VCHS staff assists with processing of computer edits of these systems until a complete and accurate final file is achieved.

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#### Factors Impacting Service Area Products and Services

- Beginning with the 2000 Census, The U.S. Census Bureau allowed respondents to classify their race by selecting a greater number of categories than the traditional five. The Bureau is suggesting the use of about 32 multi-racial categories for reporting. The Center will eventually need to alter its data collection to allow for the capture of multi-iracial categories. Otherwise there will be no denominators to calculate rates.
- The NCHS is changing the data items collected and used for health analysis. This includes switching to collect race data in a format consistent with the census data changes. In 2003 the birth and death items that states are asked to collect was revised. Most state and local programs perform their analysis using data, rates formulas and methodologies that are comparable to those of the federal government. As the Center moves toward compliance with collecting these new data elements, there will be new variables with new calculations and new rates being reported.
- The funding that the federal government provides for purchasing data and analysis is rapidly diminishing. In recent years the NCHS has not been able to buy full years worth of data from its contracted states. The grants that many other state programs operate with are also diminishing. This will impact the revenue this service area generates from the sale of its products to the federal government as well as to state and local programs.
- The Division of Vital Records will be implementing two major changes that will positively impact the timeliness of getting data into the system from which health statistics are derived. The first is an internet based training module for those who complete the death certificates. Effective training will improve the timeliness and accuracy of death data. The second is that the Division of Vital Records has approval to develop an electronic death registration system. This, too, will positively impact the timeliness and accuracy of death data.

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#### Anticipated Changes To Service Area Products and Services

- The Virginia Center for Health Statistics has a performance based contract with NCHS that obligates collection data in a specific format. NCHS has revised its minimum data sets for birth, death and fetal death systems. The Center will eventually provide data in this new format.
- In general, the federal government is seeking increased electronic data connections with state governments. This is in alignment with the current Administration's goal of developing more e-government. The SSA is currently negotiating through the National Association of Public Health Statistics and Information Systems for an electronic verification of vital events. There are discussions about expanding the data on occupation and industry for deaths that are reported to the federal government. The Center currently only supplies data when the death is accidental and job related.
- All of the statistical databases are being migrated to VDH's data warehouse from their current location on VITA's mainframe. This service area's statistical data will then be able to evolve into a community access module on which customers will be able to choose from standard reports or select and arrange variables into a custom report. The laws regarding the confidentiality of vital records make security a major issue in the design of the health statistics site on the warehouse. Once all security issues are addressed, data will be more readily available to other VDH programs. There will be a hierarchy of who gets access to variables that could identify individuals.
- The current three volume annual report format will be augmented with a CD version of the report. This will allow for more data per page. It will also allow for more color illustration of maps and graphics.
- The Center's web site is constantly being expanded. More detailed cancer death information is currently being added. This is in compliance with the service area's contributions to the Cancer Plan Advisory Committee and planned improvement to the surveillance component of that group.
- Future reports will have more presentation of data on Asians and Hispanics. This is consistent with an increased interest in these groups as they become a larger segment of Virginia's population.
- The nosology staff has assumed increased responsibility in coding causes of death. Three nosology staff have been certified by CDC/NCHS to code multiple causes of death. Two of the three have also been certified to determine the underlying cause of death. This eliminated the majority of NCHS' role in coding Virginia death data and resulted in more revenue to Virginia for filling that role.
- The Center anticipates more calls to serve on health related groups, study panels, and advisory boards such as those it currently serves on: Crash Outcome Data Evaluation System CODES (with VHI and DMV), Cancer Plan Advisory Board (CPAC), National Violent Death Reporting System (NVDRS).

#### Service Area Financial Summary

This service is funded totally with non-general funds. Sixty percent of the funding is derived from performance based contracts with the federal government to provide health statistics data for the state of Virginia. The remainder of the funding comes from the provision of health statistics products and services and from a sharing in the funds from the provision of vital records products.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	<u>General Fund</u>	<u>Nongeneral Fund</u>	<u>General Fund</u>	<u>Nongeneral Fund</u>
<b>Base Budget</b>	\$0	\$850,072	\$0	\$850,072
<b>Changes To Base</b>	\$0	\$38,970	\$0	\$38,970
<b>SERVICE AREA TOTAL</b>	<b>\$0</b>	<b>\$889,042</b>	<b>\$0</b>	<b>\$889,042</b>

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## Service Area Objectives, Measures, and Strategies

### Objective 40401.01

#### ***Improve the production of accurate, timely, and relevant health statistics***

The production and distribution of real time health statistics provides data by which VDH can evaluate the success or failure of other programs in its effort to protect and promote the health of Virginians. Statistics also help to educate Virginia's citizens as to their overall health status.

#### **This Objective Supports the Following Agency Goals:**

- Collect, maintain and disseminate accurate, timely, and understandable public health information.  
( This objective also supports the Virginia long term goal of engaging and informing citizens to ensure we serve their interests. It does so by making the public aware of positive and negative health issues as they relate to health statistics.)

#### **This Objective Has The Following Measure(s):**

- **Measure 40401.01.01**

##### ***Timeliness of response to data requests***

**Measure Type:** Outcome

**Measure Frequency:** Monthly

**Measure Baseline:** On average, all customer requests are responded to within 48 business hours (FY06).

**Measure Target:** Maximum 42 business hours during FY07.

**Measure Source and Calculation:**

Health statistics management information.

#### **Objective 40401.01 Has the Following Strategies:**

- Manage layout and formatting of annual report and minority report so that production can be completed as soon as final files are established. Make a stronger commitment to get cross checking work completed. Put out a preliminary release of data faster.
- Work with Vital Records staff to help get all records in faster. Negotiate with other states on more timely interstate exchange of their data for Virginia residents.
- Obtain frequent feedback from the staff on turnaround time for ad hoc requests.
- Ensure MOAs and MOUs have clear time frames for production of data, and that promised time frames are feasible.
- Communicate in a clear manner the internal standards of accuracy, timeliness, and completeness to staff.
- Communicate in a clear manner the standards set by NCHS and SSA for accuracy, timeliness and completeness to the staff. Evaluate more often and correct any deficiencies.
- Obtain full staffing status as soon as possible.